**Sample: Physician Certification**

for specialized formats for students with reading disabilities

(See other side for explanation)

**Please Print or Type:**

Student Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Initial \_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reading Disability** Organic dysfunction of sufficient severity to prevent reading printed materials in a normal manner. *In the case of a* ***READING DISABILITY*** *from an organic dysfunction, the certifying authority must be a* ***doctor of medicine or osteopathy****, who may consult with colleagues in associated disciplines*

* **Yes, I certify reading disability is of an organic nature.**
* **No, this is not a reading disability of an organic nature.**

**Competent Authority**

Signature/title: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name (print): Phone:

E-mail:

Address:

Please return this form to the student’s school, attention ESE Specialist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Contact Information**

School Name: Phone:

Address: Fax:

City: State/Zip:

District:

School Contact:

Thank you for your information on behalf of this student.

**SAMPLE: Physician’s Role**

in considering Specialized Formats for Students with Reading Disabilities

(Complete form on other side)

You have been asked to act as a **competent authority** to determine whether or not your patient is eligible to receive curricular materials in an accessible format. Many agencies provide textbooks and other instructional materials in **specialized formats** to qualified students to help them meet their educational goals.

What are **specialized formats?**

Specialized formats include Braille, large print, audio, or digital text that can be used with electronic text readers or displayed on monitors.

How can **specialized formats** benefit my patient?

These formats help to accommodate students whose disabilities make it difficult for them to learn from traditional print materials. For example, students with a neurological impairment may benefit from audio or digital books.

Why does my patient need my **signature** on this application?

Federal Law requires that a doctor of medicine or osteopathy certify that a reading disability is of an organic nature.

How do I know if my patient’s reading disability has an **organic** cause?

• **Organic** causes of reading problems include those related to dysfunction of the neural pathways required for fluent reading. These pathways involve brain structures.

• **Nonorganic** causes of reading problems include those unrelated to the neural pathway problems described above. Examples of **nonorganic** causes would include limited English proficiency, lack of instruction, poor attendance, oppositional-defiant disorder, and behavioral disorders.

• The following group of students are not *automatically* included **or** excluded as having reading disabilities of organic causes: learning disabilities, dyslexia, attention deficit disorder, chronic-fatigue syndrome, and autism.